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THERAPEUTIC SERVICES CENTER

Program Book

WERNERSVILLE STATE HOSPITAL

JUNE, 1970

THERAPEUTIC SERVICES CENTER

PROGRAM BOOK

WERNERSVILLE STATE HOSPITAL
WERNERSVILLE, PENNSYLVANIA
June, 1970

CONTENTS

PREFACE..... i-ii

INTRODUCTION..... 1

PASTORAL SERVICES PROGRAM..... 2

Clinical Pastoral Education Program..... 2

OCCUPATIONAL THERAPY PROGRAMS..... 13

Art Program..... 13

Community Readiness Program..... 17

Guides to Daily Living Program..... 19

THERAPEUTIC RECREATION PROGRAMS..... 21

Communication Center Program..... 21

Field Trips Program..... 23

Library Program I..... 26

Library Program II..... 29

Life Enrichment Program..... 30

Movement Therapy Program..... 33

Patient Bowling League..... 35

Patient Softball Team..... 37

VOCATIONAL ADJUSTMENT SERVICES PROGRAMS..... 39

Commonwealth Career Program..... 39

Hotel/Motel Training Program..... 43

Independent Enterprises Workshop Program..... 48

Pre-Competitive Vocational Conditioning Program..... 51

VOLUNTEER RESOURCES PROGRAM..... 53

Volunteer Training Program..... 55

PHILOSOPHY

In order to assist to develop and maintain a psychiatric rehabilitation program throughout the Hospital and in the communities we serve, it was felt necessary that a center be established to supplement the work being done in the Berks, Lebanon and Schuylkill County Divisions. The Center programs are intended to supplement and reinforce existing Divisional programs but not to duplicate them.

From a rehabilitation point of view, the obvious handicaps which seem commonly held by the majority of patients are those which are related to medical, psychiatric, vocational, social and educational deficits. The Therapeutic Services Center program is concerned primarily with the last three deficits, that is, those of a vocational, social and educational nature. To this end, the programs in this program book are designed to assist in meeting major patient requirements in the areas specified.

1. Education:

There is within the patient population, both acute and chronic, a wide variety of educational deficits, both in a formal and purely experiential sense. All Center programs have within them an educational approach. They have as one of their goals the exposure of patients to the learning processes, whether it be in a formal setting, a class in fine arts or exposure to a life experience which need not necessarily be presented in a didactic or formal fashion.

2. Vocational:

Since it is presumably one of the expectations of community adjustment that a reasonable vocational adjustment be made, the Center assumes, in conjunction with B.V.R., an organized planned group of approaches including vocational evaluation, job counseling, competitive employment, sheltered employment and community follow-up.

3. Social Recreation:

It is the responsibility of the Center to offer the Divisions supplemental programming in Social Recreation with particular emphasis upon community social and recreational involvement. It is intended, therefore, that volunteers may be utilized in participating with patients who are presently in the hospital, and in appropriate cases, extending this relationship with patients as they return to the community.

4. Professional Training:

The Center has assumed the primary role in developing and co-ordinating the training of clinical nursing students through the Continuing Education Department.

Occupational Therapy -- The Occupational Therapy staff of the Center acts as the primary agent in the planning and supervision of the professional training program for Occupational Therapy.

5. Volunteer Training:

The Center, through its staff, plans and co-ordinates the Hospital's Volunteer Recreational and Training Program. This is done, as are all other training programs, in conjunction with the three major geographic Divisions of the Hospital.

Briggs Sells
Assistant Director for
Therapeutic Services

INTRODUCTION

The Therapeutic Services Center Program Book is being issued in order to clarify the Center's function for both the persons involved with Florida patients and those involved with Center administration and program supervision. In addition, it is hoped that the Program Book will be of service to the administrative staffs of the Hospital, the Bureau of Mental Health Services, and Region II in dealing with the continuing need for interpretation which must always precede administrative support. As additional program possibilities are developed for improving the Center's service, or in those instances when programs become outmoded, dropped or restructured, additional or corrected program descriptions will be forthcoming.

Briggs Sells
Assistant Director for
Therapeutic Services

CLINICAL PASTORAL EDUCATION PROGRAM

Prepared by: O.D.E. Pettinger
Chaplain

D.J. Bratz
Chaplain

Approved by: Briggs Mills
Assistant Director for
Therapeutic Services

General Information:

1. Our Program will begin on June 1st at 9:00 a.m. and end on August 24th. After the first day, the hours are from 8:30 a.m. to 4:30 p.m., Monday through Friday. All students are expected to attend the entire program. Any exceptions must be of an emergency nature and excuse obtained from the Supervisor before absence.

2. The Hospital provides room and board. Meals will be taken in the employees cafeteria.

3. Recreational facilities are available on the grounds at times that do not interfere with patient use.

4. Pennsylvania laws forbid the consumption and possession of alcoholic beverages on State property.

5. Street clothes will be used in all phases of the program. (Uniforms are not in vogue at N.S.H.)

6. If you type and have a typewriter, it would be of help to bring one. A seminar room and study rooms will be available.

7. Final payment of the $150.00 fee is due on the first day of the program.

8. A professional library is available. However, you may bring any personal books you wish.

9. Students will be:

Harry Bohn, Lutheran Theological Seminary of Philadelphia
George Jones, Lutheran Theological Seminary of Philadelphia
Cameron Drum, Ordained Presbyterian Minister
Robert Newpher, Lutheran Theological Seminary of Philadelphia
Craig Van Keuwenberg, Moravian Seminary, Bethlehem

Course Requirements:

1. Lead in daily Chapel services; each student will conduct one service a week.

2. Conduct two Sunday Hospital Services.

3. Attend assigned lectures, seminars, diagnostic staffs, films, etc.

4. Participate in group dynamics.

5. A session each week with the Superior.

6. Submit verbatims on interviews.

7. Mirror observation: Student will see a patient for thirty minutes a week and be observed through the mirror.

8. Reading: Student will read at least 100 pages per week. He will submit several book reviews.

9. Participate in field trips to Lewisburg Penitentiary, Chit-Chat Foundation.

10. Student shall become involved in the various activities of patients; such as dances, belligames, picnics, volunteers, etc.

11. Complete group project. Project shall be in the nature of clinical research and related to the patient and religion.

12. Submit a six and twelve-week evaluation of the Clinical Pastoral Education experience. (Outline to be submitted during the program).

KSH

PASTORAL SERVICES
CLINICAL PASTORAL EDUCATION PROGRAM

Program Goals:

1. To gain an understanding of people, their deeper motivation and difficulties, their emotional and spiritual strengths and weaknesses.

   a. By attending lectures and seminars.

   b. Developing Case Studies of patients.

   c. Attending lectures on psychiatry and psychology.

   d. Reading in appropriate areas.

   e. Participate in diagnostic sessions.

2. To develop effective pastoral methods for ministering to people, endeavoring to recognize unique resources, responsibilities and limitations as pastors.

   a. Through writing verbatims of pastoral interviews.

   b. Through selective readings.

   c. Through pastoral interviews with individual patients under supervisor through one-way mirror observation.

   d. By participation in group dynamics.

   e. By individual sessions with supervisor.

   f. Through "on the spot" interaction throughout the program.

   g. Functioning as chaplain of an assigned hospital area.

3. To learn how to work cooperatively with other professional disciplines and to utilize community resources toward achieving more effective living.

   a. Through orientation lectures by department heads.

   b. Through weekly sessions with the Hospital Director.

   c. Participation in Ward Conferences and Unit Case Presentations.

4. To encourage a desire for further understanding, particularly such as may be obtained through appropriate research.

   a. Through group research project.

   b. Field trips to penal colony and Alcohol Rehabilitation Home.

Suggestions for Students:

1. When on ward, check in at nursing station.

2. Conduct interviews in an observable place.

3. Be sure of the smoking regulations in your area.

4. Don't ask staff members permission to take patient out of lock area on walks without consulting the chaplain.

5. Patients' records on the ward are the working records. Do not use Record Room before consulting the chaplain.

6. The dignity and integrity of the patient is respected at all times.

7. Listen to criticisms of the chaplains and the hospital courteously. Don't feel that it is necessary to defend them.

8. Encourage the patient to do anything for himself that he is able to do.

9. Our work is primarily religion. Here we do not have the freedom of a parish pastor. Telephoning, contacts outside for the purpose of investigating other than religious facts or situations is usually the function of the Social Worker. Discuss religious contacts with the chaplain before taking action. You are free to meet the patients' relatives and friends when they visit at the hospital or if you happen to meet them casually outside. Reporting the patient's medical or psychiatric condition is not your privilege or responsibility; relatives are free to consult the doctor about such on visiting occasions or by appointment.

10. Location and time of Protestant Services
    Berks Center Auditorium (Bldg. 37) Basement
    --Sunday at 9:00 a.m. (Chaplain Pottleger or Volunteers) and 6:00 p.m. (Volunteers)
    --Wednesday at 6:00 p.m.

    Weekdays at 12:15 - 12:55

    Monday - Hillside and Ridge (Bldgs. 23 & 24)

    Tuesday - Berks Center (Bldg. 37)

    Wednesday - Schuylkill (Bldg. 32)

    Thursday - Lebanon (Bldg. 35)

    Friday - East Hall, Ward A (Bldg. 2)

HENDERSVILLE STATE HOSPITAL

CLINICAL PASTORAL EDUCATION SCHEDULE

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:00 am					
9:00-9:30 am					
9:30-10:00 am					
10:00-10:30 am					
10:30-11:00 am					
11:00-11:30 am					
11:30-12:00					
12:00-12:30 pm	A	D	H	C	K
12:30-1:00 pm	Chapel	Chapel	Chapel	Chapel	
1:00-1:30 pm					
1:30-2:00 pm					Chapel
2:00-2:30 pm					
2:30-3:00 pm					
3:00-3:30 pm					
3:30-4:00 pm					
4:00-4:30 pm					
NEWS					

Date _____ Code _____

Counselor _____ Comments: _____

I. KNOWN FACTS:

Summarize here what factual information you have learned about the person before the interview. Describe the person, situation, purpose and occasion for the interview.

Use prepared forms. Note three-inch margin for the supervisor's comments. Make carbon copies for supervisor's file.

II. PREPARATION:

Knowing what you do about the person prepare your mind for the visit. Note what you do not wish to do. Then list the specific things you would like to see result from the interview. Avoid pressing your agenda on him.

What is the value of such preparation?

III. OBSERVATIONS:

What do you find at the beginning of the visit? Observe situation in which you find the person. Note appearance of the person, as to posture and gestures, facial expressions and attitudes, nervous mannerisms and calm poise.

Such observations are clues as to how to proceed.

IV. INTERVIEW:

The pastoral role usually prevents taking notes during the interview but immediately after, a stream of key words may be jotted down. Then at the first opportunity, typewrite interview as verbatim as possible. Avoid third person summaries. Enter only direct quotations, each speech as a separate paragraph led in by letter for the one speaking. Identify dialogue by C1, P1, C2, P2, C3, P3, etc. Non-verbal communications should also be noted. Give chapter and verse of any Scripture used. Include any prayers verbatim.

Reserve all interpretations for conclusion, keeping this part for text without commentary. Single space continuous dialogue; double space between dialogues.

V. CONCLUSION:

1. Analysis of what took place. Note association of ideas, repetition, hidden implications, unconscious revelations, etc. State insights gained by the counselee and interpretations that occur to you.

2. Criticism of your own responses. Were patients feelings followed? Where could your replies have been improved. Give specific examples of better replies.

3. Opportunity for positive steps by the counselee and further service by the pastor or others who might be helpful.

4. Time of the visit in minutes. Next appointment if any or plan for follow-up.

Arrange this part in four numbered paragraphs.

Case Study:

Select a patient with whom you have had a number of personal contacts. The more information you can gain about the person, the more it will be to your advantage in preparing the Case Study.

I. VITAL STATISTICS

A paragraph giving specific facts about the patient such as name, age, sex, weight, height, etc.

II. GENERAL APPEARANCE

A word picture describing patient as the patient appears to you.

III. PRESENT ILLNESS

a. Type of Onset: Sudden or gradual; duration; symptoms; special mention of unusual ideas; precipitating factors; changes in behavior; religious concern; physical symptoms; attitude of family; previous attacks.

b. Description of patient in hospital: Changes in condition; intellectual functions; mood; social attitudes; content of thought; special interests (religion - sex); attitude toward illness; philosophy of life (weltanschauung).

IV. HEREDITY, FAMILY BACKGROUND

Brief facts about history of the patient to time of hospitalization; family background; grandparents' influence; parents' significant data; religion; cultural-social setting; economic condition; adjustment on social, vocational, religious, and health levels.

V. PATIENT'S RELIGIOUS HISTORY

a. Early Influences: Attitude of grandparents and parents; did they go to church; talk about it or religion, how did they react in time of stress? Attitude toward clergymen, the Bible, Church teachings, were there family prayers, grace at meals? Did family seem to get satisfaction and help from religion.

b. Religious development: Did you go to church school? What were significant experiences - with teachers, friends, ministers? What are recollections of God-more afraid of or loved Him more? Do you remember any questions of concern re religion, church, Bible, etc.? Favorite Bible stories, hymns -- those particularly disliked. Do you remember feelings re first attendance at church school, church, holy communion, wedding, funeral? If adult baptism what is remembered of conversion? Was it sudden, were there feelings of guilt or of sin forgiven? Of being loved and accepted by God? What is remembered that was troublesome during this period -- ideas about Bible, church or

doctrine, feelings toward God or Jesus Christ, attendance at church, etc. If any confirmation instruction, what did it mean to you - what was taught? Was religion associated as being "against" or "agreeable" to things which gave you pleasure?

c. Religious maturity: What is present religious picture? Do you attend church? What religious practices are followed - grace at meals, personal prayers, family prayers, active in church life? Where were you married (church of otherwise); what is religious persuasion of marriage partner? What are significant changes in your feelings (or beliefs) about: church, clergyman, Bible, God, Jesus Christ, prayer, immortality? What has been reaction to loss of loved ones (through death) - how feel or interpret? Is God more real or less real to you now? What are your primary values? What place do you see for church in present social structure? What "heightened" religious experiences have been had since maturity? What is the relation of religion to your work?

VI. COUNSELING CONTACTS:

Describe your relationship to the patient. The number of contacts you have had and evaluate your relationship to the patient as well as any understanding either of you have gained through this relationship.

VII. DYNAMICS:

Your interpretation of what has made this patient what he or she is. What are the causes of emotional breakdown?

VIII. SUMMARY:

The preceding material is gathered for the purpose of answering the following questions in the summary:

a. What could you as a clergyman, or the church, have done in an effort to help prevent the breakdown and hospitalization of this person in the light of your present knowledge?

b. What can you as a clergyman, or the church, do for this patient where he or she is now?

WSH

PASTORAL SERVICES
CLINICAL PASTORAL EDUCATION PROGRAM

Book Reviews:

1. List the book in good biographical form: Seward Hiltner, Pastoral Counseling. New York: Abingdon-Cokesbury Press, 1949. 291 Pages.

2. Limit the review to a single page with three distinct paragraphs.

3. State the author's premise—in a brief sentence or two.

4. In a second paragraph evaluate the book critically. This is the most significant part of the review. Avoid merely making an outline of the book, linking together a series of quotations, or simply summarizing the material presented. Give your reactions to the author's thinking.

5. Add a final paragraph in which the application of this book to the parish ministry is made.

Daily Chapel Schedule
12:35 - 12:55*
(Noon)

	Monday (Hillside)	Tuesday (Berks Ct)	Wednesday (Schuylkill Ct)	Thursday (Lebanon Ct)	Friday (East Hall) *1:35 - 1:55
June 1	Pottieger	Bohn	Jones	Drum	Newpher
June 8	Van Kouwenberg	Jones	Bohn	Newpher	Drum
15	Newpher	Van Kouwenberg	Drum	Jones	Bohn
22	Drum	Newpher	Van Kouwenberg	Bohn	Jones
29	Jones	Drum	Newpher	Van Kouwenberg	Bohn
July 6	Van Kouwenberg	Bohn	Jones	Drum	Newpher
13	Bohn	Jones	Drum	Newpher	Van Kouwenberg
20	Jones	Drum	Newpher	Van Kouwenberg	Bohn
27	Drum	Newpher	Van Kouwenberg	Bohn	Jones
Aug. 3	Newpher	Van Kouwenberg	Bohn	Jones	Drum
10	Van Kouwenberg	Bohn	Jones	Drum	Newpher
17	Bohn	Jones (East Hall)	Drum	Newpher	Pottieger (Berks Ct)

*Exception

Brookside Assignments
(Bldg. 30)

June 8 - George Jones

June 15 - Robert Newpher

June 22 - Cameron Drum

June 29 - Harry Bohn

July 6 - Craig Van Kouwenberg

July 13 - George Jones

July 20 - Robert Newpher

July 27 - Cameron Drum

Aug. 3 - Cameron Drum

Aug. 10 - Craig Van Kouwenberg

ART PROGRAM

Prepared by: Judith Preston
Therapeutic Activity Worker II

Approved by: William N. Starmer, Jr., OTR
Director of
Occupational Therapy

Number of Patients: Maximum of 10 patients in each group

Time: Varies with each group - see each program description

Place: North Building (10) Art Room

Referral Process:

1. Consult requesting evaluation can be initiated by:
   a. Patient
   b. Staff Member
2. Evaluation session with art teacher to discern:
   a. Aptitude
   b. Interest
3. Selection and rejection of patients for the program applying above criteria.
4. If consultation report is positive:
   a. Activity order written by unit leader
   b. Patient informed and placed in program
   c. Goals and plans, notes and other charting material forwarded to the unit leader for proper placement

ADULT GROUP I

Program Description:

The emphasis in this class is on creative ideas, utilizing any art media available. Although much of the work is two dimensional in nature, clay, plaster, gauze and other sculpture materials are also available. The patients in this group are given support and encouragement in their endeavor to function independsntly within the modality of art. Since anxiety lies at the root of the patients' problem, the program is geared to art activities that offer them a means whereby they can externalize in art productions their anxious walled off world.

Program Goals:

Examples of Adult Group I goals are as follows:

1. To use their creative endeavors in graphic symbolism to stimulate their awareness of their attitudes and encourage maturation.
2. To encourage honesty of expression: facing and practicing truth
3. To mobilize psychic energy not otherwise available to the ego for the coherent expression of emotionally loaded material

Program Criteria:

Adult Group I: meets Tuesday and Friday, 1:00 p.m. - 3:00 p.m. and is for patients:

1. Whose potential art interest in art activities has been stifled
2. Who give scattered indication of aptitude but whose inappropriate habits prevent its fruition.

3. Who need art as an outlet for strong feelings.

ADULT GROUP II

Program Description:

This class uses art materials as pencil, charcoal, pastel, marking pens, water color, oil paints, and acrylics. Clay and other three dimensional materials as plaster gauze and sani casting media are also available. Since this class is based on the utilization of educational techniques to enhance the patients' use of orderly and logical thinking processes, some "step-by-step" instruction is employed. Emphasis is placed on the gradual lessening of dependence upon nature as a source of reference to the utilization of art for a more personal expression. No copying is permitted.

Program Goals:

1. To develop confidence in their capacity to reach a higher level of achievement, by recognizing and encouraging further development of art ability.
2. To develop depth of expression by encouraging investment in their own personal creative endeavors.
3. To increase self-confidence in their capacity to utilize their art ability to express their thoughts and feelings.

Program Criteria:

Adult Group II: meets Monday and Thursday, 1:00 - 3:00 p.m. and is for patients who:

1. Are more regressed and may have lost former skills but who sporadically indicate capacity in the plastic arts.
2. Have some background in art but need positive reinforcement activities.
3. May get satisfaction as amateur artists if they receive "step-by-step" instruction.

ADULT GROUP III

Program Description:

All the basic art materials used in the other groups are incorporated in this program. Most instruction of techniques and materials is on an individual basis. The primary function of the class is to provide patients the opportunities to express their thoughts and feelings. The creation of aesthetic works of art is secondary in nature.

Program Goals:

1. To increase the patients' capacity for recognizing and relating to reality by using art as the meeting ground for their world inside and the world outside.
2. To communicate and release their tensions, aggressions or repressions through symbolic pictoral images of their unconscious conflicts and feelings.
3. To use personal art expression as a safety valve for those with a high anxiety level and low frustration tolerance.

Program Criteria:

Adult Group III: meets Wednesday 8:30 - 9:30 a.m. (students may work until 10:00 a.m. if desired) and is for patients:

1. Who during evaluation, indicated interest
2. Whose questionable aptitude indicates further observation is advisable

Patients placed in this group may be moved into one of the other classes; however, after eight weeks if it is felt the patient would not benefit from further art activity, treatment will be discontinued.

YOUNG ADULTS, GROUPS I AND II

Program Description:

Within these groups a variety of modalities are used. Examples of these are acrylics, water colors, and oil paint; pastel, colored inks, felt tip markers and tissue paper. Clay, sand casting material and plaster gauze are also available. Possible techniques of utilizing these materials are demonstrated by the teacher as a subtle form of student stimulation to motivation. Students have complete freedom of direction but since emphasis is on creative expression, no copying is permitted. It is the program's objective to help the youth make what they want to make, the way they want to make it so they derive satisfaction from their creative experiences.

Program Goals:

Examples of Young Adult, Groups I and II goals are as follows:

1. To find positive outlets for negative feelings.
2. To provide socially acceptable enjoyment for venting hostilities.
3. To foster ego development and at the same time give pleasure.
4. To communicate and share feelings through their pictures, using the medium of art to help them achieve some order where there is senseless chaotic activity.

Program Criteria:

Young Adult, Group I: meets Monday and Friday, 8:30 - 10:00 a.m. and is for patients:

1. Between the ages of 13 to 19
2. Whose level of achievement is limited to special education
3. Whose individual needs and interests might be able to be met in the art program.

Young Adult, Group II: meets Monday, Wednesday and Friday, 10:00 - 11:30 a.m. and is for patients:

1. Between the ages of 13 to 19
2. Who demonstrate art potential and who have capabilities of an average or better I.Q. (these people could receive art education for diploma credit.).

OCCUPATIONAL THERAPY [illegible]
FEBRUARY, 1970

COMMUNITY READINESS

Prepared by: [illegible]
[illegible]

Approved by: [illegible]
Director of Occupational
Therapy

Number of Patients: Maximum of 5

Time: Monday, Tuesday, Wednesday and Friday, 9:00 - 11:30 a.m.
Thursday, 9:00 a.m. - 2:00 p.m.

Place: Activity Center Basement, Building 10 (B.V.R. Kitchen Area)

Referral Process:

Referrals to this Threshold-aimed program should be made to the patient's respective physician, and must be a B.V.R. client. The patient should be started only on the designated starting date for the program and should continue in the program for twenty weeks.

Program Description:

This program aims at providing a well-rounded learning experience in the activities of daily living. These experiences will then be practiced in this activity area, in the community and at Threshold. The concluding six weeks of this program will be conducted at Threshold.

Program Goals:

Patients are selected for this program if the long-range goal for this person is discharge on an L.T.L. status through any of many plans; e.g., Threshold residency, boarding home placement, and independent living.

OCCUPATIONAL THERAPY DEPARTMENT
FEBRUARY, 1970

GUIDES TO DAILY LIVING

Prepared by: Ruth Weber
Therapeutic Activity Worker I

Approved by: William N. Stevens, Jr., OTR
Director of Occupational
Therapy

Number of Patients: Maximum of 20

Time: Monday through Thursday, 1:00 - 3:30 p.m.

Place: Activity Center Basement, Building 10 (B.V.R. Kitchen Area)

Referral Process:

Referrals to this hospital-wide program are to be made to the patient's respective physician for approval. New referrals will be accepted only on Monday of each week. Confirm starting date with Mrs. Weber and Mrs. Laun at Extension #368.

Program Description:

This program provides a milieu where the skills of daily living can be exercised and where many life adjustment problems will be experienced. The opportunity to re-learn social skills or to learn new ones will be provided in addition to factual information relative to homemaking such as nutrition, food preparation, budgeting and any other skills which appear appropriate. Constructive use of leisure time using easily available materials and community resources will be stressed. It is hoped that home visits can be made with the patient to help plan a daily program after discharge and also follow-up visits for support and reinforcement.

Program Goals:

Patients selected for this program should be good potential for leaving the hospital in the not too distant future. This program has no set time limit. The over-all goal of the program is for the patient to absorb enough skills to function comfortably when she returns to the community.

COMMUNICATION CENTER PROGRAM

Prepared by: Craig Gebecken
Security Aide III

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 6

Time: Monday through Friday, 1:00 - 3:30 p.m.

Place: Communication Center, Building 10

Referral Process:

Patients may be assigned to this program after evaluation by the staff in charge of Vocational Adjustment Services in the unit. Other staff may refer patients to the unit leader who with the physician's approval will assign patients to this program.

Program Description:

This program is designed for the patient who has the ability to develop, rebuild and/or maintain specific skills such as typing, operating mimeograph machine, and who possesses a fair knowledge of correct use of grammar and punctuation.

The media to be used in achieving the goals of the program will be various equipment and techniques used in producing and distributing notices of current and forthcoming events and a bi-weekly patient bulletin which will include hospital-wide patient contributions.

Program Goals:

The overall goal of this program will be to provide an opportunity for the patient to use and/or develop skills related to producing and distributing various communication materials throughout the hospital.

Specific goals of the program will be:

1. To assist the patient in rebuilding and maintaining any previously acquired skills such as typing and other office machine operation.
2. To encourage and provide an opportunity for the patient to express himself through creative and expository writing.
3. To provide a means whereby the patient may gain a sense of self worth and recognition through helping to produce a hospital-wide bi-weekly patient bulletin in conjunction with others.
4. To give reassurance to the patient with regard to his/her personal abilities.
5. To enable the patient to develop and use specific skills involved in producing various hospital communication materials.

FIELD TRIPS PROGRAM

Prepared by: Mary Jane Dale
Therapeutic Activity Worker II

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: From 5 (carload) to 44 (busload)

Time: Varied

Place: Varied

Referral Process:

The procedure for requesting field trips shall be:

1. Staff member who sees need for a trip shall contact the Unit Leader in the Division.
2. The Unit Leader will then evaluate the request in relation to program objectives and patient needs. The field trip arrangement form will then be submitted by the Unit Leader to the staff member designated to schedule the bus/driver and who will make necessary arrangements for the trip.
3. A confirmation of the trip will be made by the above person to the person who submitted the request.
4. Upon receipt of confirmation of the trip, the person making the initial request shall be responsible for completing the field trip roster and field trip plan forms.

Program Description:

The field trips from the hospital shall be categorized as follows:

A. Those which involve tours of industries such as factories, plants, large restaurants, etc.; communication centers such as TV stations, radio stations, newspaper publishing companies, etc.; in order to promote an awareness within the patient with regard to the relationship of these things to his life outside the hospital environment and perhaps in the hospital.

The patient to be involved in this type of trip should be a positive prognoses with regard to returning to society. Patient should also be physically capable of maneuvering without assistance.

B. Trips and tours to historical landmarks or sites as a means whereby the patient may relate these significant things of his life upon leaving the hospital and/or while hospitalized.

The patient to be involved in this type trip could be of various levels.

C. Those trips involving going to the patient's home community strictly on a visiting or sightseeing basis.

The patient to be involved in this type of trip would be the older, less mobile individual.

D. To recreational facilities either as a spectator such as to various

sports events and/or as a participant such as to picnic, cook-out, etc. at a park or other site.

The interest of the patient shall be considered with this type of trip as well as physical capabilities in certain instances.

E. To educational exhibits such as may be found at museums, art galleries and alliances, libraries, historical societies, etc.

This trip would best be suited to the patient who is functioning at a relatively high level.

F. To social or cultural events such as plays, musical productions, lectures, etc.

This trip would best be suited to the patient whose interest are such.

G. To attend civic club meetings by invitation.

Patients who are in particular programs which would lend to this type of trip. In all probability, this would be a small group trip.

H. Visits and tours of various local agencies such as public employment agencies, public offices such as public assistance, social security, voter's registration, health services facilities (such as out-patient clinics), day centers, sheltered workshops, public housing facilities, city or community police headquarters which would aid the person upon his return to society.

This trip to be of parvicular benefit to the patient who will be leaving the hospital shortly.

I. To shopping areas, such as suburban shopping malls, farmers' markets, super markets, clothing stores, etc.

This trip would be <u>most</u> suitable for the patient who would benefit personally by being able to purchase personal items, however, it would also be suitable for the patient who might "window" shop in order to realistically think of costs of various necessities in life.

<u>Program Goal</u>:

Field trips are the means by which staff members may choose to assist in fulfilling the many and varied needs of the patients. The overall goal of the program is to provide opportunities and experiences for the patient by offering him a variety of experiences outside the hospital environment.

LIBRARY PROGRAM I

Prepared by: [illegible] Harris
Therapeutic Activity Aide I

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 12

Time: Monday through Friday, 9 a.m. to 10 a.m. and 10 a.m. to 11 a.m.

Place: Building 34, Room 140

Referral Process:

Staff member(s) may suggest patient(s) to the Unit Leader who will assign patient to the program with physician's approval.

Program Description:

Hopefully, these meetings will bring realism into the somewhat limited perspectives of participating patients and encourage them to seek out reading material on their own time for personal gratification and expansion. The insight and knowledge gained will help to broaden their outlook on life. Some ideas for discussion are:

1. News	4. Music	7. Language Usage	10. Poetry
2. Travel	5. Famous People	8. Religion	11. History
3. Art	6. Science	9. Hobbies	12. Nature
			13. Movies/Plays

Many audio-visual aids will also be employed in this program; i.e., records, movies, slides, brochures, maps, materials to initiate and sustain interest. Discussion topics are purposely broad so as to include a wide range of possibilities and subtopics; also, small assignments will be given to able patients to encourage contribution as a means of learning.

Program Goals:

The main goal of the Library Program will be to motivate patients to use Library Resources for their educational enrichment and reading pleasure. In order to introduce patients to reading facilities, a regular schedule of current event classes will be held in which planned, topical discussions will take place.

More specific goals of the program will be:

1. To develop confidence and improve one's self-image through individual presentation of topics and group controlled discussions.
2. To encourage socialization via better communication and interaction between individuals.
3. To develop a genuine interest in learning through exposure to a variety of topics in an interesting and pleasurable manner.

LIBRARY PROGRAM II

Prepared by: Patricia Ferrell
Therapeutic Activity Worker II

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 12

Time: Daily, 1:00 P.M. to 3:00 P.M.

Place: Building 34, Room 140.

Referral Place:

1. Any staff member(s) may suggest patient's names to the Unit Leader who will refer the patient to the program.
2. The staff member in charge of the program may be contacted and he/she will contact the Unit Leader and/or the supervisor and arrange for patient to be admitted to program.

Program Description:

Library Program II will be for patients who:

1. Have graduated from high school and/or have attended college.
2. Show past record of civic, club or vocational involvement in areas of intellectual challenge and involvement.
3. Seem capable of clear thinking and can converse intelligibly on matters other than their own individual problems.

Hopefully, this program will offer discussion sessions which will bring realism into the somewhat limited perspectives of participating patients; and encourage them to seek out reading material on their own time for personal gratification and expansion.

Some broad ideas for discussion are:

1. Current Events
2. Travel
3. Art
4. Music
5. Famous People
6. Science
7. Language Usage
8. Hobbies
9. Poetry
10. History
11. Movies/Plays
12. Religion

Many audio-visual aids will be employed in this program (ie. records, movies, slides, brochures, maps, materials, books) to initiate and sustain the patients' interest. Also, small assignments will be given to encourage contribution as a means of learning.

Program Goals:

Specific goals of the program will be:

1. To develop confidence and improve one's self-image through individual presentation of topics and group-controlled discussions.
2. To encourage socialization via better communication and interaction between individuals.
3. To develop a genuine interest in learning through exposure to a variety of topics in an interesting and pleasurable manner.

LIFE ENRICHMENT PROGRAM

Prepared by: Mary Jane Miller
Activity Aide I

Ruth McNeil
Activity Aide I

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 12

Time: Monday, Wednesday, Friday, 1:15 p.m. - 3:00 p.m.
Tuesday, Thursday, 9:15 a.m. - 11:00 a.m.

Place: Building 10, Social Room

Referral Process:

Patients may be recommended to this program by any staff member(s). This should be accomplished through the unit leader who will assign the patient to the program with the physician's approval.

Program Description:

This program should be considered for the patient who is:

1. Capable of managing his/her own personal grooming even though improvement is needed.
2. Making favorable progress toward future discharge from the hospital and should not be considered if following limitations exist:

    1. Court commitment without permission to leave the hospital grounds, etc.
    2. Sufficient severe mental retardation which would prevent them from profiting from the experiences in the program.

The objectives of the program will be accomplished through various recreational and community oriented programs. Included among these are sessions which will involve leisure time activities (social games, movies, television, etc.); travel (map reading, etc.); using a telephone (and directory, etc.); nature studies (flowers, trees, birds, mammals, insects, fish, reptiles, rocks, minerals); music and art appreciation; hobbies; active recreation; and the planning of parties and dances. Many field trips will be incorporated into the program so as to bring the patient into contact with the community as much as possible. Volunteer resources will also be a part of this program in order to bring the community to the patient.

We may think of this program as a "feeder" to the Threshold Day Center Program.

Program Goals:

The overall goal of the program is to provide opportunities and give guidance to the patient for making worthwhile use of his/her leisure time while hospitalized and upon discharge from the hospital.

The specific goals of the program will be:

1. To provide opportunities which will enrich the life of the patient with regard to communication interaction and individual participation.
2. To involve the patient in many environmental and community experiences

which will aid in gaining self-confidence.

3. To give guidance to the patient in dealing with everyday problems and situations which may arise in the hospital and the community.
4. To enable the patient to have fun, socialize, and interact within the group.
5. To afford the patient the opportunity to develop social and recreational skills which may be employed when returning to society.
6. To give guidance to the patient with regard to daily personal hygiene and good grooming.

MOVEMENT THERAPY PROGRAM

Prepared by: Craig Gantenen
Activity Aide III

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 12

Time: Monday through Friday, 9 a.m. to 10 a.m. and 10 a.m. to 11 a.m.

Place: Building 10, Activity Room

Referral Process:

Patients to be referred to this program in the following manner:

Staff refers patient's name to the Unit Leader who will then assign patient to the program with the physician's approval.

Program Description:

This program is designed for patients who exhibit any or all of the following characteristics:

1. Regressed
2. Withdrawn
3. Self-preoccupied
4. Apathetic
5. Unaware of self and surroundings
6. Unmotivated
7. In good physical health and not so severely handicapped physically as to be unable to participate.

The program will consist of a variety of body movement type activities (exercises) with music. Elementary type physical activities will also be included. The use of a variety of play balls will be used to stimulate movement and more simple coordination skills. These previously mentioned media will be used to encourage group interaction and identification of oneself with regard to a group.

Daily attention will be given to the individual patient's personal grooming and hygiene.

Goals of Program:

The overall goal of the program shall be to stimulate motivation with regard to physical movement and to enable the patient to acquire a sense of belonging and acceptance in a group situation.

The specific goals for the program will be:

1. To develop body awareness and position in space by teaching the perception of body surfaces relative to fixed objects.
2. To aid in having the patient identify body parts and left and right dimensions of the body.
3. To promote group interaction.
4. To aid in having the patient show good personal hygiene and grooming on a daily basis.

PATIENT BOWLING LEAGUE

Prepared by: Jack Smith
Director of
Therapeutic Recreation

Approved by: Briggs Sells, OTR
Assistant Director for
Therapeutic Services

Number of Patients: Maximum of 48

Time: Wednesday, 6:00 - 9:00 P.M. Duration: 7 weeks

Place: Berks Lanes, Sinking Spring, Pa.

Referral Process:

Team members are selected within the hospital Divisions with each Division having two teams with the exception of Berks Division which has four teams. The Unit Leaders of each division are responsible for submitting the names of their team members to Mrs. Mary Jane Miller of the recreation staff of the Therapeutic Activity Center staff and for securing physician approval for each of their participating members.

Program Description:

The league is comprised of eight teams with each team having two men and two women as members. The league will bowl seven weeks which is one round. Captains are to be selected for each team and the league will elect a president, vice president, statistician, and an assistant statistician. Transportation will be provided by the hospital bus with all bowlers meeting at Building 10 at 6:15 each Wednesday evening. Mary Jane Miller, recreation staff member of the Therapeutic Activity Center will be in charge of the program and will accompany the bowlers to the program.

Program Goals:

The goals are to provide a level of program that meets the needs of patients who are functioning on a high level of adjustment and who need competitive activity that is community oriented and has carry-over value on returning to the home environment. Group interaction among team members is important and developing leadership skills among the team captains will be emphasized. Also developing wholesome attitude toward winning and losing will be stressed.

PATIENT SOFTBALL TEAM

Prepared by: John Hartz
Therapeutic Activity Worker II

Approved by: Jack Smith
Director of
Therapeutic Recreation

Number of Patients: Maximum of 20

Time: Monday, Tuesday, 3:00 - 4:00 p.m. Thursday, 6:00 - 8:30 p.m.
Duration: June, July and August

Place: Hospital Softball Field

Referral Process:

Patients are referred to the program by the Unit Leaders of the hospital's three Divisions. Mr. Hartz will evaluate the participants as to their ability to be team members. The evaluation period will be three practice sessions. Once the team of twenty players is selected, Mr. Hartz will notify the Unit Leaders and they in turn will place the notation that the patient is a member of the softball team in the patient's ward chart for the physician's approval.

Program Description:

A team of softball players will be selected from among the patients of the three hospital Divisions. Games will be played with softball teams from the community, but all games will be played on the hospital field so that patient spectators may be included as part of the total program. All games will be played on a Thursday evening with game time being 6:30 p.m.

Program Goals:

Emphasis will be on fun, satisfaction and building group spirit and cohesiveness with a by-product of providing entertainment for the total hospital patient population.

COMMONWEALTH CAREER PROGRAM

Prepared by: [redacted]
Acting Director of
Vocational Rehabilitation Services

Approved by: [redacted]
Assistant Minister for
Therapeutic Services

Number of Patients: Maximum of 6

Time: Full-time training program with pay - 40 hours per week.

Place: Warmersville State Hospital: Nursing Department, Food Services Department, Laundry Department, or Housekeeping Department.

Referral Process:

1. Refer to Unit Vocational Adjustment Services Therapist
2. Approval by team and physician
3. Selection Criteria:
   a. Patient must be eligible for Public Assistance.
   b. After training is completed, patient must be able to live-in/work-out with long range goal of returning to the community.
   c. If patient is hired by worksite institution (W.S.H.), he will eventually be able to live independently in the community.

Program Description:

A "Commonwealth Career Program" was put into effect in July, 1968. "The purpose of this program is to place persons from General Assistance roles into three months intensive work-training situations in state institutions; to develop vocational, educational and social skills and aptitudes leading to full-time public or private employment and social and financial independence".[1]

On December 8, 1969 the Commonwealth Career Program was "expanded to include resident patients deemed appropriate for training by Vocational Adjustment Services".4

"Work-training includes a variety of health service occupations and related fields".[2] Trainees will receive "three months of intensive work-training aimed at developing the work skills needed to obtain full-time employment"[2] in the community or in the worksite institution. If necessary, the training period can be extended for a second three month phase.

Other benefits to trainees:

1. "Enrollees without high school diploma are to receive remedial education or high school equivalency training according to their level of academic achievement".[2]
2. Bureau of Employment Security (BES) will provide periodic employment counseling; and as needed, job development and placement.
3. During training, Vocational Adjustment Services will provide personal adjustment counseling as needed.
4. Medical examinations should be provided by the institution (Warmersville State Hospital).
5. "Enrollees are to be counseled to take appropriate Civil Service examinations as soon as their total work-training status indicates a realistic chance for passing".[3]

"Enrollees in this program are placed on the State payroll under the Non-Civil Service Classification of "State Work Program Trainee II. They spend 40 hours per week in work and training, earning $1.62½ per hour. The rules and benefits for State employees will apply except participation in the State Retirement Plan".[2] Enrollees earn annual and sick leave (1½ days for each month), and are entitled to holiday leave on the same basis as regular salary employees.

Placement with the Commonwealth Career Program may take place anytime at the beginning of a pay period.

"Placement in regular employment may take place at any time, regardless of the length of training, depending on individual job readiness".[5]

Program Goals:

To develop vocational, educational and social skills and aptitudes needed to obtain full-time employment in the community or in the hospital.

BIBLIOGRAPHY

1. General Guidelines for Commonwealth Career Program, Department of Public Welfare, Harrisburg, 1968.

2. Commonwealth of Pennsylvania, Department of Public Welfare, Public Assistance Memorandum No. 1013, June 13, 1968.

3. Public Assistance Memorandum No. 1013, Supplement No. 1, June 28, 1968.

4. Commonwealth of Pennsylvania, Commonwealth Career Program, Proposal for Enrollment of Residents, December 8, 1969.

5. Commonwealth Career Program, Seventh Three Month Phase, Department of Public Welfare, December 23, 1969.

WSH

VOCATIONAL [illegible]
SERVICES DI[illegible]
OCTOBER, 1969

HOTEL/MOTEL TRAINING PROGRAM

Prepared by: Violet Reden
Acting Director of
Vocational Adjustment Services

Approved by: Barnes Sells, CRC
Assistant Director for
Therapeutic Services

Number of Patients: Maximum of 15

Time: Monday through Thursday, Friday morning only
8:00 - 11:45 a.m. 1:00 - 3:30 p.m.

Place: Hill Hall, Building 10, Jesuit Novitiate in Wernersville, Private homes in community

Referral Process:

1. Refer to Unit Vocational Adjustment Services Therapist.
2. Team and physician approval.
3. Because part of the training is on-the-job off grounds, the patient must have a live-in, work-out order in the ward chart.
4. A two or three week evaluation is supervised by Mrs. Verna Gerhart, Domestic Worker in Hill Hall, to determine the patient's potential as housekeeper/domestic/custodial worker. If the patient's work performance indicates a probability for success, he is continued in the program as a trainee.

Program Description and Goals:

This training program is designed to provide selected patients with required skills, experience, and proper work habits to qualify them for entry level for motel/hotel or domestic worker positions in the community. Emphasis in this area of training is placed on domestic duties required in the hotel/motel industry. The trainee will receive a working knowledge of domestic or cleaning responsibilities; experiences in work habits, interpersonal relationships, and develop work tolerance.

If after evaluation the patient is accepted as a trainee, he is scheduled for orientation at the Jesuit Novitiate in Wernersville. At the Novitiate he receives further training on-the-job with pay ($1.45 per hour). The practical experience and vocational/social skills are supervised by Mrs. Mary Snyder. Weekly meetings are conducted at the Central Employment Office to discuss job related problems: social and vocational.

A practice area for all trainees participating in this program has been set up in Building 10, East and West Wings, first floor and basement. A work schedule is provided (sample attached). The actual tasks must be initiated and completed with minimal supervision as quickly as possible simulating a hotel/motel situation.

There is no set minimum or maximum time limit in this training program. When the training staff determines a trainee is ready for employment, Vocational Adjustment Services or DVR will assist the patient in obtaining a job in the community.

WEEKLY TRAINING SCHEDULE — BUILDING 30

MONDAY

EAST WING: 1. Social Room

2. Conference Room

3. Two Lavatories

4. Center Room

5. Kitchen Area

All furniture, woodwork, windowsand sills, doors and floors must be cleaned properly and often to be preserved. The rooms should be cleaned to look pleasant, liveable and serviceable.

Specific Tasks in All Rooms:

1. Dust Furniture and Move to Center of the Room. Dust woodwork, windows and sills, airconditioners.
2. Dry mop floor along wall areas. Clean spots on floor areas with damp cloth. Buff with dry rag or dry mop.
3. Move chairs back along walls.
4. Dry mop balance of floor area.
5. Buff center room floor and kitchen floor.
6. Vacuum Rugs.
7. Check all ashtrays - empty and wipe or wash.

Lavatories:

1. Dust windows and sills.
2. Clean bowls and sinks.
3. Sweep and then wet mop floors.
4. Check supplies (toilet tissue, soap, paper towels), replace when necessary.

TIME IS VERY IMPORTANT!! THE WORK MUST BE WELL DONE AS QUICKLY AS POSSIBLE

WEEKLY TRAINING SCHEDULE -- BUILDING 10

TUESDAY

EAST WING: 1. Movement Therapy Room (must be finished before 9:00 a.m.)

2. Game Room

3. Four Offices

4. Halls (East wing only)

5. Stairways Leading to Basement (East, West and Center)

WEST WING: 6. Sun Porch

Specific Tasks:

Therapy Room:
1. Dust chairs and move to center of room.
2. Dust windows and sills and woodwork.
3. Clean spots on floor with damp cloth.
4. Dry mop floor along wall area.
5. Move chairs back to wall areas.
6. Dust other furniture and doors.
7. Dry mop balance of floor area.
8. Buff if time permits.

Offices:
1. Empty waste cans.
2. Dust windows and sills, chairs, top of book cases (if not cluttered) and along front of shelves.
3. Dry mop floors.
4. Clean spots on floor with damp cloth. Buff same area with a dry cloth.

Halls:
1. Dry mop.
2. Clean spots with damp cloth.
3. Buff.

Game Room:
1. Dust furniture, window sills, woodwork.
2. Dry mop floor.

Sun Porch in West Wing:
1. Dust all chairs and furniture, move to center of room.
2. Dust windows and sills and woodwork.
3. Dry mop or with damp (not wet) mop clean floor along wall areas (be sure to clean all corners).
4. Move chairs back to wall areas.
5. Clean the balance of the floor area. Check to be sure all dust has been removed from the floor.

WEEKLY TRAINING SCHEDULE -- BUILDING 10

WEDNESDAY

WEST WING: 1. Art Teacher's Office

2. Communication Room

3. Large Class Room

4. Exhibit Room

5. Halls

6. Three Lavatories

Specific Tasks:

Office:
1. Empty waste can.
2. Dust window and sill and doors.
3. Lavatory (clean).
4. Dry mop floor, wipe spots with damp cloth and buff with dry cloth.
5. Vacuum rug.

Communication Room:
1. Dust furniture, woodwork, windows and sills.
2. Desks and tablets.
3. Dry mop floor, wips spots with damp cloth and buff with dry cloth.

Large Class Room:
1. Dust furniture, windows and sills.
2. Dry mop floors.

Exhibit Room:
1. Dust windows and sills.
2. Dust woodwork--especially watch corners.
3. Gently dust tops of art frames.
4. Dust floor with cloth all around posts of art frames.
5. Dry mop entire floor.
6. Buff floor.

Halls:
1. Dry mop
2. Clean spots with damp cloth.
3. Buff.

Lavatories:
1. Dust windows and sills.
2. Clean bowls and sinks.
3. Sweep and when wet mop floors.
4. Check supplies (toilet tissue, soap, paper towels), replace when necessary.

WEEKLY TRAINING SCHEDULE -- BUILDING 10

THURSDAY

WEST WING: 1. Art Room.

BASEMENT: 2. Central Employment Office.

3. Special Work Assigned by Mrs. Snyder.

Specific Tasks:

Art Room: 1. Dust windows and sills, woodwork and furniture.
2. Dry mop floor, clean spots on floor with damp cloth.
3. Buff floor.

Central Employment Office: 1. Dust desks, furniture, windows and sills.
2. Empty and clean ash trays.
3. Dry mop floor.

WSH

VOCATIONAL ADJUSTMENT
SERVICES DEPARTMENT
NOVEMBER, 196[illegible]

INDEPENDENT ENTERPRISES WORKSHOP PROGRAM

Prepared by: Violet Redan
Acting Director of
Vocational Adjustment Services

Approved by: Bruno Salle, OTR
Assistant Director for
Therapeutic Services

Number of Patients:

Activity Group: Maximum of 6
Training Group: Maximum of 6
Production Group: Maximum of 25

Time: Monday through Thursday 9:00 - 11:30 a.m.; 1:00 - 3:30 p.m.
Friday morning only.

Place: Building 10, Basement (East and West Wings)

Referral Process:

1. Refer to Unit V.A.S. Therapist.
2. Approval by physician because of physical considerations: Shop machinery, use of paint and paint solvents, dust particles caused by cutting and sanding wood.
3. Two week evaluation period. At the end of this period, acceptance of trainee is based on interest and shop performance as observed by supervisors and patient peer group.

Program Description:

Vocational Adjustment Services Workshop Program conducted in the basement of Building 10 is a project called "Independent Enterprises". It has been designed to foster varying degrees of independence and eventual rehabilitation for patients participating in the program.

Vocational Adjustment Services' overall goal is to maximize responsibility in each patient in the program through motivation, understanding and appreciation of the nature of rewarding work. The project provides the opportunities for workers with limited capabilities to create, produce, and merchandise articles they make. Independent Enterprises is self-supporting through the efforts of the patients, with staff guidance and assistance where necessary. The profits, after costs, are shared by the participating patients.

The purpose of the program is to develop and improve social/vocational skills and to develop a competitive attitude in a production-oriented environment. Through training, education and supervision, we attempt the patient (1) to develop habits useful in a regular job, (2) to improve his ability to perform, and (3) to learn to be increasingly responsible for himself. By providing realistic experiences which require the patients to co-operate with co-workers and to share the responsibilities in a group endeavor, they will be encouraged to express their feelings and to become involved with each other. We hope to instill in each patient a sense of progress and accomplishment.

Regular bi-monthly meetings are held between supervisors and patients to encourage the workers to think independently by discussing work problems, production costs, supplies orders, new methods to improve quality of work, and suggestions for new items to be made. By guiding the discussions we achieve maximum patient participation.

Through self-confidence, self-satisfaction, and self-esteem, we hope to help each patient live the most productive life possible.

Program Goals:

We expect to help the patients develop and improve social and vocational skills. We expect the patients to work up to their highest vocational potential with the long range goal of returning to the community or to make maximum adjustment within the institutional community.

I. Training:

A. Personal adjustment:
   1. Social: develop interpersonal relationships; learn to cope with competitive work milieu; develop independence.
   2. Vocational: learn and develop competitive vocational skills and values; learn or re-learn a productive work role; motivate toward job-satisfaction and community employment.

B. Specific skills:
   1. Ceramics:
      a. Maintenance of clay and molds.
      b. Pouring-developing judgment.
      c. Glazing.
      d. Firing.
   2. Woodworking:
      a. Pattern-making.
      b. Lay-out.
      c. Cutting (use of variety of shop machinery).
      d. Assembling.
      e. Finishing.
      f. Painting:
         (1) Gross.
         (2) Fine.
   3. Merchandising:
      a. Displays.
      b. Selling.
      c. Production:
         (1) Costs.
         (2) Profits.
         (3) New methods and ideas.

II. Education:

A. Intellectual stimulation:
   1. Creativity.
   2. New skills.
   3. Salesmanship.
   4. Interpersonal relationships through group activity.

B. Learning skills:
   1. Specific work skills.
   2. Selling.
   3. Leadership.
   4. Advertising

5. Profits and losses.
6. Production and costs.

III. Rehabilitation Through Job Performance:

A. Productive work role.
B. Remuneration.
C. Group identity.
D. Self-esteem.
E. Job satisfaction.
F. Increased independence.
G. Involvement.
H. Motivation toward community employment.

Patients will be placed in one of three groups based on their current capabilities:

1. Activity Group: This group will require a great deal of supervision and support. Will largely be made up of long term patients with an emotional or physical prognosis. However, they would have some vocational interest in performing simple tasks required and should exhibit sufficient skill to produce quality work with little concern about quantity.
2. Training Group: This group will consist of patients who have shown potential to benefit from training through past work experiences. The goal would be to condition them to tolerate a vocational/social production environment with some pressure on quantity. With supervision, guidance, and support, hopefully, their functional level would improve. Eventually they would reach a higher vocational level and then move into the next group which is production oriented.
3. Production Group: Patients in this group will have the ability to produce at least one or more of the Workshop projects with minimum supervision. The work performance will include: quality, assembly, judgments. Possibly operating power tools, using hand tools, coupling devices, and pattern making.

PRE-COMPETITIVE VOCATIONAL CONDITIONING PROGRAM

Prepared by: Violet Fedor
Acting Director of
Vocational Adjustment Services

Approved by: Briggs Sallis, OTR
Assistant Director for
Therapeutic Services

Number of Patients: Maximum of 20

Time: Job requirement

Place: Central Employment Office

Referral and Process:

1. Refer to Unit Vocational Adjustment Services Therapist
2. Team and physician approval
3. Patient must have live-in/work-out order in ward chart.

Program Description:

This Vocational Adjustment Services program places a patient in a job, live-in/work-out, in the community without direct hospital supervision. The program was initiated by Vocational Adjustment Services for long-term patients who:

1. have been in hospital industry for an extended period
2. are capable of working with minimal supervision in a non-competitive environment
3. who could benefit from a live-in/work-out opportunity
4. who do not meet the Bureau of Rehabilitation eligibility

Personal contacts with employers are made by the Vocational Adjustment Services Department, and the staff is available to the employer when he calls about the patient/worker. There is a close joint supervisional effort initially between Vocational Adjustment Services, the employer, and the patient.

Program Goals:

The purpose of the program is to provide a realistic work situation with pay, in the community, to help the patient grow. The therapeutic goals are to help the patients develop:

1. Social behavior in a community work setting.
2. Improve or develop vocational skills
3. Improve work tolerance.
4. Develop competitive attitude, self-confidence, and self-esteem.
5. Develop social and economic independence.

The long range goals are to maximize the patient's functional level to:

1. B.V.R. eligibility, or
2. Independent living in the community, or
3. Maintenance on a live-in/work-out level.

VOLUNTEER TRAINING PROGRAM

Prepared by: Nancy L. Snyder
Volunteer Resources
Coordinator

Approved by: Edgar Sallo, OTR
Assistant Director for
Therapeutic Services

Number of People Involved: 15 - 30 Volunteers
5 - 8 Employees

When: Spring, Summer, and Fall

Time: Daytime and/or Evening

Where: Therapeutic Services Center plus other patients' activities and living areas selected to meet specific training needs.

Program Description:

This is an orientation and training program designed to give new volunteers a general introduction to the hospital along with some experience in relating with patients in various settings which amplify the role of the volunteer and demonstrate the function of the volunteer in relation to patients and employees.

Program Goals:

1. To provide new volunteers with a general introduction to the overall hospital situation.
2. To help volunteers understand the role of the volunteer in the hospital setting.
3. To enable volunteers to establish meaningful relationships with patients.

Purpose:

To enable volunteers:

1. To understand the hospital's function.
2. To understand patients in terms of the impact of their emotional disturbances upon their day to day functioning.
3. To form positive and responsible relationships with patients and staff.
4. To interpret the hospital and its programs to the community.

Content:

I. General Introduction to the hospital

A. Its administration
B. Its mission
C. Its treatment program for patients

II. The Role and Responsibilities of the Volunteer in the Mental Hospital

A. In relation to patients
B. In relation to staff
C. In relation to the community

III. Introduction to Patients and Facilities they use (Patients' and Employees Share in Touring Volunteers)

A. Patients' living areas
B. Activities areas - indoor and outdoor
C. Therapeutic Services Center

IV. Relating with Patients in Groups and on One-To-One Basis in Various Settings

A. In patients' living areas

1. Open Wards
2. Closed Wards

B. In treatment programs - e.g.

1. Therapeutic Recreation
2. Occupational Therapy
3. Vocational Adjustment Programs
4. Personal Grooming
5. Ward Discussion Groups

C. Leisure-time activities

1. Walks and talks
2. Informal games and sports

V. The Role of the Employee with Patients and Volunteers

Part III and Part IV actually demonstrate the role of the employee in various departments and in various settings. The follow-up discussions with employees after each session further amplify both the employee-patient relationship and the employee-volunteer relationship as well as helping the volunteer understand the volunteer's role in the total picture.

VI. Program Evaluation - both discussion and questionnaire.

This session serves two purposes:

1. To measure effectiveness of training program in terms of:

a. Our expectations
b. Volunteers expectation

2. To provide information for determining:

a. Best placement for volunteers
b. Direction for further training of volunteer
c. Revisions in training program

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We're Quality Bound